



MōhioForms User Guide



Introduction

This document contains all essential information for the user to make full use of MōhioForms from the Mōhio product suite. This user guide includes a description of the functions and capabilities of the MōhioForms.

Abbreviations

Abbreviation	Full text
PHO	Primary Health Organisation
PMS	Practice Management System (e.g., MedTech or MyPractice)
CVD	Cardiovascular disease
CVR	Cardiovascular disease risk (percentage)
NZGG	New Zealand Guidelines Group
MT32	MedTech32
IRD	Inland Revenue Department
BCTI	Buyer Created Tax Invoice
MOH	Ministry of Health
DHB	District Health Board

Translations

Māori	English
Mōhio	To know, understand, realise, comprehend, recognize



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Mōhio Platform

Mōhio is a complete end-to-end electronic system for a PHO covering claims, referrals, budget holding, patient management, reporting, data collection and performance.



Mōhio User Guide: MōhioForms



MōhioForms

MōhioForms is the electronic claiming, referrals, and information collection system. It works alongside the other Mōhio applications like MōhioExpress and MōhioReports.

Features

1. Real-time and dynamic forms

All forms are dynamically generated and only presents the information required to you. The fields on each form are clearly marked as mandatory if applicable, and all the data is instantly saved back to the Mōhio database in real time on submitting the form.

- 2. Instant Claim Validation Claims are validated and displayed as the information is entered into the forms and a confirmation is given on submitting the form.
- Integration with PMS
 Every form will populate certain fields with information from the PMS and will
 write back necessary data from the form back into the PMS when it is
 submitted.
- 4. Standards met

All form functionalities meet the necessary standards. For example, the CVD Risk score assessment calculation has been externally audited and over 1000 unit-tests are applied against the national guidelines with every update.



How does it work?

Launch

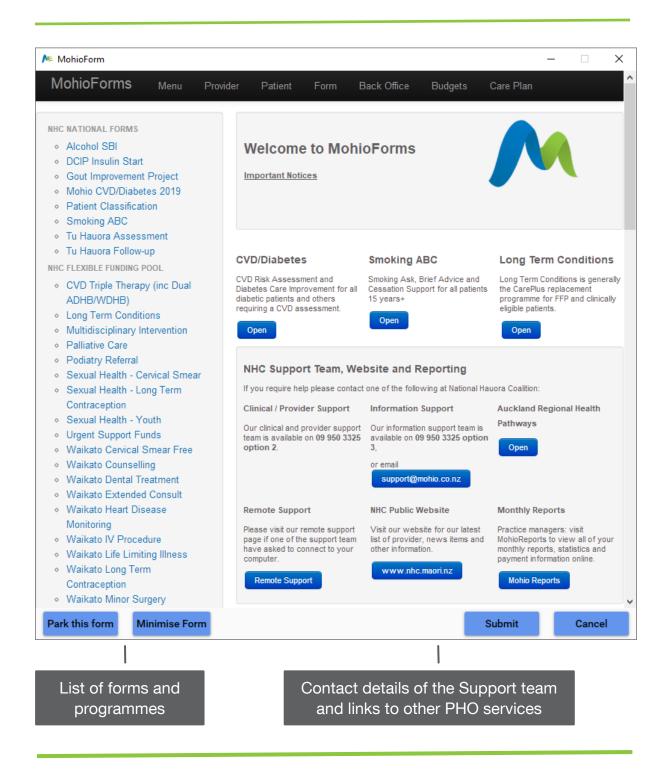
Click on the icon at the bottom of MōhioExpress to launch the MōhioForms. This does require the user to be signed in to MōhioExpress as a prerequisite.





Home Page

On launch, the user will be presented with the Home page of MōhioForms where they can see the list of forms available to them, PHO's message of the day and/or any important notices, contact of the Support team and other information such as budgets available to the Practice.





Layout

The user can select a form from the list provided on the Home page of MōhioForms (can revisit this page from any other tab at any time by selecting the **Menu** tab at the top of the window). The selected form will be displayed under the **Form > Main** tab and all other tabs will load information relevant to the form selected by the user.

Information from the PMS will be automatically populated onto all applicable fields of the form making it easier for the user to look at current values before updating them.

Elements on the form (text fields, checkboxes etc) with a yellow background color are mandatory fields and need to be completed before attempting to submit the form. If any element has incorrect information entered into it, the form will alert the user by changing the background color of it to red, and also display hints underneath to assist the user to make a valid entry.

Along with completing the necessary data on the form, the user can also review any Claims or Decision Support that may be of assistance.

The layout of MōhioForms is explained via an example below (form template used: **Mōhio CVD /Diabetes 2019**)



tab: Provider

Allows the user to fill in their Provider details. This section is mandatory, and all fields have to be filled in before attempting to submit the form.

MedTech users can configure their Provider details under their staff account in MedTech which allows MōhioForms to automatically find and populate this information on to the Provider tab fields, so the user does not have to enter this information every time they open a form.

MohioForm								_	×
MohioForm	1S Menu	Provider	Patient	Form	Back Office	e Budgets	Care Plan		
Provider Detail	s			Refe	erence Deta	ils			
Provider Registration	1212	NZMC/NZNC	C/Other	Referer	Your ice/Inv #	INV0000			
First Name	System Administr	ator		Moh	io User Det	ails			
Last Name	EXT			Prac	tice DHB	Auckland			
Provider Type	Whanau Support	t Worker 🔽							
PMS ID	ADM	For PMS On	lу						
Logged in: No_									
				©2021, I	National Hauora C	Coalition			
Park this form	Minimise Fo	rm					Submit	Cano	el



tab: Patient

Patient related information needs to be completed under the Patient tab. Most of the fields will automatically populate information from your PMS if you have entered them in the PMS.

MohioForm									-	- [×
MohioForm	1S Menu	Provider	Patient	Form	Back Office	e Bu	dgets	Care P	an			
Patient Identifie	ers			Demo	ographics							
NHI	ABC1235			Ethnic G	Group 1	African		V]			
First Name	BOY			Ethnic G	Group 2			\sim]			
Last Name	MOUSE			Ethnic G	Group 3			~]			
Gender	Male			Priority Et	thnicity	African		~				
DOB	01/01/1936	dd/mm/yyyy			DHB	Aucklar	nd	V]			
CSC Number	000001204288		1	0	Quintile	0 (Unkr	nown)	V]			
CSC Expiry				PHO Enr	Status	Confirm	ned Enroln	nent 🗸]			
Address	01/01/2023	dd/mm/yyyyy			Status	Ineliaibl	e	¥]			
Address Number and			7	NZ Re	esident Status	New Z	ealand	V]			
Street	485 Roseebank	Road			Age	85	calculat	ed				
City												
PostCode												
Logged in: No_				00004 N		0						
				©2021, N	ational Hauora (Coalition						
							_					
Park this form	Minimise F	orm						Submit		с	ancel	



tab: Form > Information and Eligibility

Information about the selected form and all eligibility criteria will be listed here.

MohioForm						- 🗆	×
MohioForms	Menu Provider	Patient Form	Back Office	Budgets	Care Plan		
Mohio CVD/Diabetes	2019(4021) Informati	on and Eligibility	Main Claims	Decision Su	pport 1		
This is our con	nbined CVD and	d Diabetes for	m				
Annual DCIP Diabetes Annua	al Management review for Dia	betics, CVD Risk Assess	ment for eligible popula	ation.			
Eligibility							
Clinically appropriate as per	Cardiovascular Disease Risk	Assessment and Manage	ment for Primary Care	(2018)			
Co-payment in	formation						
Nil co-payment to patient if c	laiming under this project.						
Reference doc	uments						
Cardiovascular Disease	e Risk Assessment and Mana	gement for Primary Care	(2018)				
Patient consen	t and privacy						
Please advise patients and h PHO (including patient identif	nave an appropriate consent fer and health data).	process in place to use M	ohioForms. All informa	tion entered with	in these forms is	shared with the	NHC
	or further infor	mation					
	ogramme information please of		phone (09) 950 3325.				
Logged in: No							
			©	2021, National Ha	uora Coalition		
Park this form M	linimise Form				Submit	Cano	el



tab: Form > Main

The selected form will be loaded under this tab. When a user clicks on the form name from the Home page, this tab will open first taking the user straight to the form. The user can see any claim amounts and the budget available at the bottom of the form.

MohioForm 🍋				– 🗆 X
MohioFor	MS Menu Provide	r Patient Fo	rm Back Office Budg	gets Care Plan
Mohio CVD/Dia	betes 2019(4021) Inform	ation and Eligibility	Main Claims Decis	sion Support
Consultation Date	16/04/2021 dd/mm/yyyy	Albuminuria	v	TC/HDL Ratio 1.36 calculated
Phlebotomy	Blood taken in practice	Serum Creatinine	mmoVL	BMI 25 calculated 17/09/2020
Smoking Status	Ex-smoker(<12 mnths)	Weight	77 kg 19/05/2020	Calculate CVR
	137S.00 coded on 19/02/2021	Height	177 cm 19/05/2020	Risk not yet calculated.
Quit date	11/02/2021 dd/mm/yyyy Correct date?	Waist Circumference	cm	Please press 'Calculate CVR' above.
Diabetes Type	No diabetes	Atrial Fibrillation		Risk %
Last retinal screening	dd/mm/yyyyy	Pulse Rate	bpm	Alternative risk scores & management guidance
HbA1c	None; but referral made?	Rhythm		Require CVD Risk to
	52 mmol/mol 12/09/2019	3	IRR(Irregular), NE(Not Examined), REG(Regular)	start Mõhio CVD Risk Projection
BP Today	0 / 0	CVD/Diabetes Medication	•	Recall No recall
BP Previous	120 / 80 17/09/2020	Family History		Recall No recall
Total Cholesterol	7.5 mmol/L 06/07/2020	Tanniy history	·	
Cholesterol HDL	5.5 mmol/L 06/07/2020	Prior CVD		
Cholesterol LDL	2 mmol/L 06/07/2020			
	If missing due to a high triglyceride please enter 'incalculable'	Other Risk Factors	•	
Severe Mental Illness				
Logged in: No🔺	Claim: \$ Budget rema	ining: \$	©2021 Na	tional Hauora Coalition
			01021,10	
Park this form	Minimise Form			Submit Cancel



tab: Form > Claims

All claims relevant to the form selected will be displayed here along with their eligibility criteria.

								_	~
Me MohioForm							_		×
MohioForms Menu	Provider	Patient Fo	orm B	ack Office	Budgets	Care Plan			
Mohio CVD/Diabetes 2019(402	21) Informatio	on and Eligibility	Main	Claims	Decision Su	upport 1			
PHO Performance Programme (PP This form always contributes dat		^o performance target	s and bonus	s payment.					
Smoking Cessation (FFP)									
Claim									
This claim is worth: \$4.35+gst; bu	e to cover this claim	1.	ic, Quintile 4	or 5.					
CVD Risk Assessment (IIA)									
Claim									
This claim is worth: \$20.00+gst; b		claim generated?							
 The patient has already had Budgets for this claim are: 	this service claimed	d 1/1 times within 36	0 days.						
 IIA CVD Risk Assessment w 	ith \$ avail:	able							
Logged in: No Claim: \$	Budget remainin	ıg: \$		¢	2021, National H	auora Coalition			
Park this form Minimise	Form					Submit		Cance	I



tab: Form > Decision Support

Allows in decision making with the help of the Decision Support Tool for the CVD Diabetes Form.

MohioForm							-		×
MohioForms	Menu Provider	Patient F	orm Ba	ck Office	Budgets	Care Plan			
Mohio CVD/Diabetes 201	9(4021) Informatio	on and Eligibility	Main	Claims	Decision Su	ipport 1			
Patient aged 75 years o	or over								
All calculations outside the age ra is more difficult in older than in yo Refer to the guidelines document	ounger people; please see					tween the risks a	nd benefit	s of treat	ment
Logged in: No Claim: \$	Budget remaining	g: \$		62	2021, National Ha	auora Coalition			
		L.	<u>\</u>						
		Ч	5						
Park this form Minir	nise Form					Submit		Cancel	



tab: Back Office

The Back Office tab shows the behind-the-scenes debugging information sent to NHC PHO.

M= MohioForm	- 🗆 X						
MohioForms Menu Provider Patient Form Back	Office Budgets Care Plan						
Debugging and Performance Metrics							
This tab shows you the behind-the-scenes debugging information sent to NHC PHO							
Metric Name	Value						
Tests	Start Install Test						
Tests	Start Full Test						
Speed Tests	Open Speed Test						
Keypresses	2						
Clicks	10						
Browser - Dimensions - Screen	1680x1050						
Browser - Dimensions - Browser	787x719						
Browser - UserAgent	Mozilla/5.0 (Windows NT 6.2; WOW64) AppleWebKit/537.22 (KHTML, like Gecko) Chrome/25.0.1364.152 Safari/537.22						
Timing - Document Open	Fri Apr 16 2021 16:08:33 GMT+1200 (New Zealand Standard Time)						
Timing - Document Ready	Fri Apr 16 2021 16:08:34 GMT+1200 (New Zealand Standard Time)						
Timing - Document Ready End (ms)	218						
Trusted Site	Non-IE Browser						
Language	en-US						
Park this form Minimise Form	Submit Cancel						



tab: Budgets

Shows all available budgets for the Practice.

MohioForm								×	
MohioForm	S Menu Pro	wider Patient	Form	Back Office	Budgets	Care Plan			
Budgets									
This tab shows all ave	ailable budgets for your pr	actice. (Show detai])						
Budget Name	Budget Descri	ption	Initial Amo	ount	Amount Available	Start Date	End [)ate	
-									
Logged in: No									
			©2021, Na	tional Hauora Co	oalition				
Park this form	Minimise Form					Submit	Ca	ncel	



tab: Care Plan

This tab shows the patient's shared care plan.

MohioForm						-		×		
MohioForms Me	enu Provider	Patient Form	Back Office E	Budgets	Care Plan					
Shared Care Plan										
This is the patients shared care pl and programme evaluation. It is no			Form programmes with t	the NHC PHO I	naving access to	o this plan	for audit			
Save to Outbox Document	Return to Form									
We recommended saving to and printing the care plan from the Patient's Outbox.										
Problems/Needs	Goals	S		Approache	s					
							13			
Logged in: No.		©2021, I	National Hauora Coalition							
Park this form Minimi	se Form				Submit		Cancel			



Alerts and Prompts

MōhioForms will display any prompts to the user assisting them in completing and submitting the forms successfully.

Invalid Form

Any time the user attempts to submit a form with invalid or missing information, MōhioForms will display an alert in a pop-up window titled 'Invalid Form (Cannot Submit)'. This window will list the business rules for the form and will address any fields that do not meet these rules.

nvalid Form (Cannot Submit)	
ease review and correct the checklist below before submitting this form. If you wish to continue this form at a ark the form.	later date pleas
orm submission business rules:	
Provider fields must be complete and error free	
Why isnt this rule met?	
 Please switch to the provider tab and correct any fields highlighted in red and complete all fields highlighted 	ighted in yellow
 Please enter a known value 	
Patient fields must be complete and error free	
Criteria met	
Form fields must be complete and error free	
Why isnt this rule met?	
 Please correct any fields highlighted in red, and complete all fields highlighted in yellow. 	
 [Advised to quit] [Provide information/resources on quitting] is required (or enter "incalculable") 	
Close and F	Return to Form

The user can review the information from here and go back to the form by clicking on the button at the bottom, and fix the issues address in the alert.



Prompts

Additionally, the user might also be prompted for additional information while completing the form. The below screenshot is an example where the user has to choose a Retinal Screening Referral date. Once selected, the user can click on **Save and Continue** to go back to the form.

Retinal Screening Referral	×
You have indicated that this patient has not yet received retinal screening. Please enter the date of referral to retinal screening (or todays date if making a referral). Retinal Screening Referral:	eening
Referral Date dd/mm/yyyy incalculable	
Save and Con	tinue



Actions

There are buttons at the bottom of the MōhioForms window each associated with an action. These are explained below.

MohioForm				– 🗆 X
MohioFor	MS Menu Provid	der Patient Fo	rm Back Office Budg	gets Care Plan
Mohio CVD/Dia	betes 2019(4021) Info	rmation and Eligibility	Main Claims Decis	sion Support
Consultation Date	16/04/2021 dd/mm/yyy	Albuminuria	×	TC/HDL Ratio 1.36 calculated
Phlebotomy	Blood taken in practice	Serum Creatinine	mmoVL	BMI 25 calculated 17/09/2020
Smoking Status	Ex-smoker(<12 mnths)	Weight	77 kg 19/05/2020	Calculate CVR
	Brief advice and cessation 137S.00 coded on 19/02/2021	Height	177 cm 19/05/2020	Risk not yet calculated.
Quit date	11/02/2021 dd/mm/yyy Correct date?	Waist	cm	Please press 'Calculate CVR' above.
Diabetes Type	No diabetes	Circumference Atrial Fibrillation		Risk %
Last retinal	dd/mm/yyy			Alternative risk scores &
screening	None; but referral made?	y	bpm	management guidance
HbA1c	52 mmol/mol 12/09/20	019 Rhythm	IRR(Irregular), NE(Not	Require CVD Risk to start Möhio CVD Risk Projection
BP Today	0 / 0	CVD/Diabetes	Examined), REG(Regular)	Pecall
BP Previous	120 / 80 17/09/2	Medication		(CVR) No recall
Total Cholesterol	7.5 mmoVL 06/07/202	Family History	•	(DIAP) No recall
Cholesterol HDL	5.5 mmoVL 06/07/202	0 Prior CVD		
Cholesterol LDL			·	
	2 mmoVL 06/07/202 If missing due to a high	Other Risk Factors		
	triglyceride please enter 'incalculable'	Factors		
Severe Mental Illness				
Logged in: No_	Claim: \$ Budget re	maining: \$	@2021 Na	tional Hauora Coalition
			02021, 10	
Park this form	Minimise Form			Submit Cancel



Minimise Form

The user can minimise a form by clicking on this button. The minimised view is as shown in the image below with a button to bring the form back to the normal view.

MohioForm	_	\times
Maximise Form		

Submit

This button attempts to submit the form and does it successfully if there are no errors in the form. If it finds an error, an alert is displayed. In the event of a successful submission, information from the form is sent to the Mōhio database and also written back into the PMS.

Cancel

Closes the MōhioForms window.



Park this form

Currently this feature does not work all the time, and as a result the Mōhio Development Team recommends users to not use this button until it's either fixed or removed from the form.



FAQs

Q: How do I know if I am eligible for a Claim?

A: While in MōhioForms window, select the form from the Home page (Menu tab). Once the form loads, click on the **Form > Claims** tab to view all the available claims for the selected form. You can see the claim amount and the eligibility criteria for each claim available. If you have already submitted the claim, you can re-open the form and view this information.

For eligibility guidelines and rules for each programme, or if you need an explanation regarding a claim, please contact your PHO.

Q: Why am I not able to see a particular form I was expecting in my list? A: The list of available MōhioForms is determined based on the settings configured for your Mōhio account. If you are not able to see a particular form you were expecting in your list, maybe this form was not added to your account – either intentionally or by mistake. Please contact Mōhio Support to get a clarity on this.

Q: Why do I get the following error when submitting a form?

	Error
8	Unable to invoice no a/c Holder has been specified against the form template
	ОК

A: MōhioForms require an account to be created in MedTech against which the invoices will be created to. This is part of the Mōhio setup process for the Practice, and the above error message will be thrown if this account has not been specified. The selected MōhioForms will still be submitted, but no invoice will be generated.

In order to fix this, follow the instructions below.

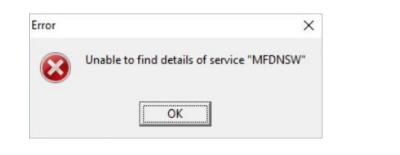
- 1. In MedTech32, go to Setup > Advanced Form > Advanced Forms Manager
- 2. From the Advanced Forms window, select the appropriate publisher
- 4. Click on the Actions tab



5. At the bottom of the window there is a check box titled 'Create Invoice to Account'. Make sure this is ticked, and the appropriate PHO account is selected. (see image below for reference)

Main Actions Fields Jser Message:				
iummary Merge Text: S	end To: No	one		-
	,			
Send to HealthLink Fol	der:			
Export Format:			.	_
1				-
	unt			r
			•••	
NHC (132)				
Create Invoice to Acco	unt:			[

Q: Why do I get the following error when submitting a form?



A: This error message comes up because the service code mentioned in the error message is either inactive or missing from your MedTech application. This service code is required for the selected form to be submitted. The solution is to add the service code mentioned in the error message to your MedTech application.

To do this, follow the instructions below.





Note

The instructions below are specific to MedTech32 and the Service **MFDNSW**.

- 1. Go to **Setup > Accounting > Services**. This opens the Service window.
- 2. Press CTRL + N or click on the icon on the top-left corner of the window to add a new service.
- 3. Fill in the following, and click OK
 - Code: MFDNSW
 - Description: WDHB DCIP Nursing Services
 - Service Fee: 0



Note

Make sure to enter the **Code** and **Description** exactly as given to you by the Mohio team. For all the services created, enter the **Service Fee** as \$0.00 as MōhioForms will calculate this automatically.

For **MedTech Evolution** users, the Services screen can be accessed by going to **File > Options**, then choose **Accounting > Service**. From there, the instructions are similar to that of MedTech32.